## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasur internal Revenue Service

Name of organization  Name of organization (if different from mailing address shown above). Number, street, and room or suite number  Name  Na
Mailing address (P.O. Box or number, street, and room or suite number)  Street  City or town, state, and ZIP code  Sacrativento  A 95814  3 E-mail address of organization  Info@ca-dem.org  4b Custodian's address  Director of Accounting  Same as above  Same as above  6 Business address of organization (if different from mailing address shown above), Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
City or town, state, and ZIP code  Sacraimento  A 95814  3 E-mail address of organization  A Name of custodian of records  Director of Accounting  5 Contact person's address  Director of Accounting  5 Contact person's address  Director of Accounting  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
City or town, state, and ZIP code  Sacrainento  A 95814  3 E-mail address of organization.  Info@ca-dem.org  4b Custodian's address  Same as above  5a Name of contact person  Accounting  5b Contact person's address  Director of Accounting  5b Contact person's address  Same as above  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
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3 E-mail address of organization.  1 1 CCQ - dem .0 (9)  4a Name of custodian of records  Director of Accounting  5ame as above  5ame as above  5ame as above  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
4a Name of custodian of records  Director of Accounting  5b Contact person's address  Same as above  5contact person's address  Same as above  5b Contact person's address  Same as above  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
Director of Accounting  Same as above  Same as above  Some as abov
5a Name of contact person  Director of Accounting  Same as above  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
5a Name of contact person  Accounting  5b Contact person's address  Same as above  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  Same  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
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City or town. state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization
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State Committee of Democratic Party
State Committee of Democratic Party
Part III List of All Related Entities (see instructions)
Part III List of All Related Entities (see Instructions)  8a Name of related entity  8b Relationship  8c Address
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11 0
None
- RECEIVED

(continued on next page)

Form 6871 (7-2000)		Page 2
Part IV List of All Officers, Di		mpensated Employees (see instructions)
9a Name	9b Title	9c Address
A 17	Special	911 20th Street
Douglas E. Ackman	Projects	Sacramento CA 95814 Same
	Executive	Cueramento en 10017
		Same
Kathleen K. Bowker		
Enedelia Guerra	Director of	(1)
Brown	Accounting/	
Orown	Political Reporting	1\ //
	Campaign C	
Robert Mulholland	Adviser	
Senator		O D
	01.	
Art Torres	Chairman	
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		Part (its to be treated as an organization described in section 527 of the internal nearlying schedules and statements, and to the best of my knowledge and belief.
it is true, confect, and complete.	Rai	1/2.1
. John TV	We	V4127100
Sign Signature of authorized of the	tral	Oate
1010	Printed on r	Porm 8871 (7-2000)



## Part of the state of Auto-

Please enter information below to fulfill your requirements for electronic filing of Form 8871:

Employer Identification Number	94 - 2214618	
Name of Organization	Democratic State Central Comm of CA	
Street Address	911 20th Street	
City	Sacramento	
State	CA 🔻	
Zip Code	95814	
Email address of Organization	info@ca-dem.org	
Name of Custodian of Records	Director of Accounting	
Name of Contact Person	Director of Accounting	
File Electronically		

Tax Stats | Tax Info For You | Tax Info For Business | Electronic Services

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Forms & Pubs

What's Hot | Meet The Commissioner | Comments & Help | Site

Tree















## Information Accepted

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IRS Newsstand | Forms & Pubs | What's Hot | Meet The
Commissioner
Comments & Help | How to Contact Us | Site Tree











